



# MEDICATION PLANS

(Last, First,, Middle)		DATE OF BIRTH:     /     /		Age:
CLIENT NAME:				
SS #:	STATE CASE #:	CITY/COUNTY CASE #:		
SITE:	SPECIAL ATTENTION REQUIRED: <small>Explain</small>			

Select answers as they would apply.

Phase:     ☐ Initial     ☐ Continuation

Method of Delivery   ☐ DOT     ☐ Self-Administered

Type of Therapy	Curative			Preventive	Susceptibility		
	PZA Contra	Include EMB	Site of TB	HIV Status	Suceptibility or Source	Susceptibility Results (If known)	Risk for Resistance
Curative - Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Known <input type="checkbox"/> Unknown	<input type="checkbox"/> Suscep <input type="checkbox"/> INH <input type="checkbox"/> Other	<input type="checkbox"/> High Risk <input type="checkbox"/> Low/No Risk
Curative - Child		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pulmonary <input type="checkbox"/> X-Pulmonary		<input type="checkbox"/> Known <input type="checkbox"/> Unknown	<input type="checkbox"/> Suscep <input type="checkbox"/> INH <input type="checkbox"/> Other	<input type="checkbox"/> High Risk <input type="checkbox"/> Low/No Risk
Preventive - Adult				<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Known <input type="checkbox"/> Unknown	<input type="checkbox"/> Suscep <input type="checkbox"/> INH <input type="checkbox"/> Other	<input type="checkbox"/> High Risk <input type="checkbox"/> Low/No Risk
Preventive - Child				<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Known <input type="checkbox"/> Unknown	<input type="checkbox"/> Suscep <input type="checkbox"/> INH <input type="checkbox"/> Other	<input type="checkbox"/> High Risk <input type="checkbox"/> Low/No Risk

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized By: \_\_\_\_\_

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**User Defined Variable Information** *(if needed - To be entered on main Medications window)*

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**General Comments** *(Not to be entered into TIMS)*

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Completed By                      Date